Revision: HCFA

HCFA-PM-91- 4 AUGUST 1991

\*Description provided on attachment.

(BPD)

ATTACHMENT 4.18-E

Page 1

OMB No.: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY AGE.

State/Territory: ARKANSAS

Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals

A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

NOT APPLICABLE

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

NOT APPLICABLE

TN NO. Deproyal Date DEC 13 1991

Effective Date OCT - 1 1991

HCFA ID: 7986E

DATE APPV'D DEC 1 3 1991

Α

DATE EFF OCT - 1 19

HCFA 179

Rev	lsion:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		ATTACHMENT 4.1 Page 2 CMB No.:0938-	8-8
STATE PLAN-UNDER TITLE HIX OF THE SOCIAL SECURITY ACT						
		State/Territory		ARKANSAS		
c.	State	or local funds	under othe	r programs a	re used to pay f	or premiums:
		Yes		No		
				NOT APPLICA	BLE	
D.	a pres	riteria used for mium because it ibed below:	determini would caus	ng whether the an undue he	he agency will w ardship on an in	aive payment of dividual are
NOT APPLICABLE						
*De	script	ion provided on	attachment	: <b>.</b>		
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